Abnormal Psychology

Mental Illness

Insanity

Mental Disorders

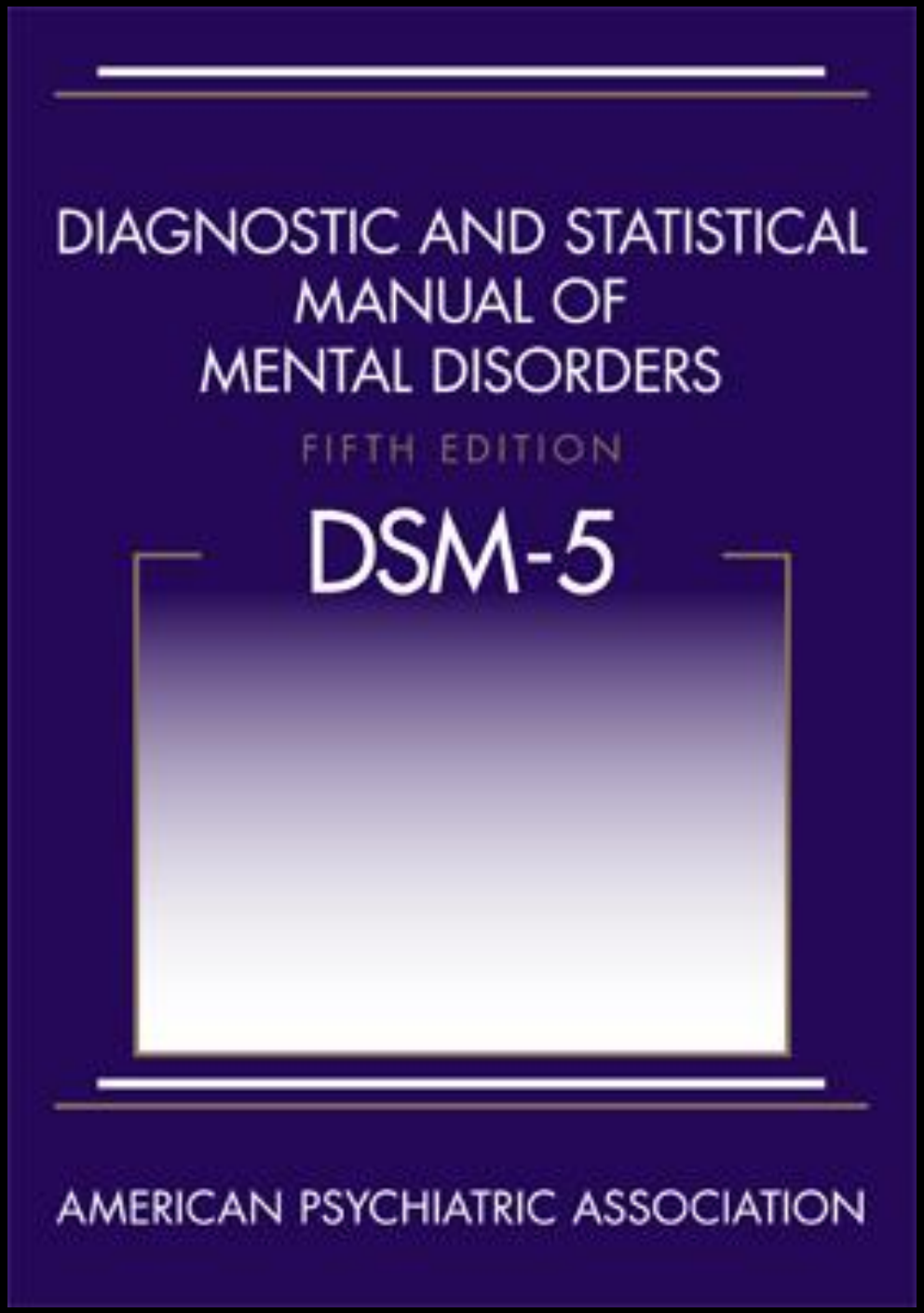
"Mental Disorder"

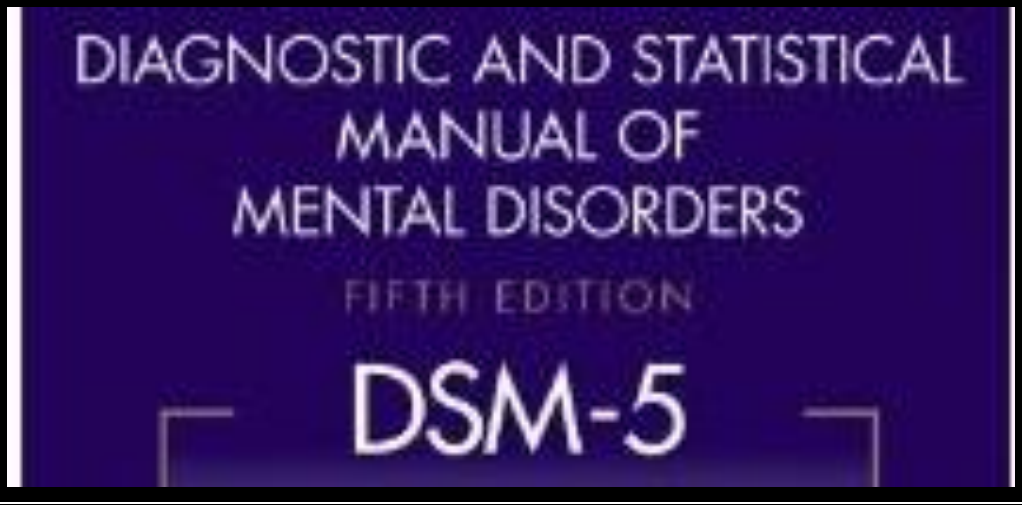
An American Psychiatric Association (APA) approved diagnosable behavioral/mental health condition

“Mental Disorder”

A pattern of characteristics…

1. *Atypical*
2. *Maladaptive*
3. *Disturbing…(to the individual)*
4. *Unjustified*


DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FIFTH EDITION
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION



"The specified diagnostic criteria for each mental disorder are offered as *guidelines for making diagnoses*, because it has been demonstrated that the use of such criteria enhances agreement among clinicians and investigators."

NOT Goals

"Cause" of disorder
(some rare exceptions)

"Treatment" of disorder

ONE GOAL

Consistent diagnosis

Provides *agreed upon* “symptoms” that can be *observed*

by…*clinicians* (those making diagnoses) and *researchers* (those investigating the conditions)

Attention-Deficit/Hyperactivity Disorder

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Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

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Attention-Deficit/Hyperactivity Disorder

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Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fidgets with or taps hands or feet or squirms in seat.
   b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
   c. Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
   d. Often unable to play or engage in leisure activities quietly.
   e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
   f. Often talks excessively.
   g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
   h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
   i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

h. Often has difficulty waiting his or her turn (e.g.,)

i. Often interrupts or intrudes on others (e.g.,)

e. Is often “on the go,” acting as if “driven by a motor” (e.g.,)

a. Often fidgets with or taps hands or feet or squirms in seat

“That person behaves that way *because* he has…diagnosis X (ADHD, Bipolar, Addiction)”

That is NOT how DSM Diagnosis works!

The opposite: "*Because* the person behaves that way, he has …diagnosis X"

A DSM diagnosis is ONLY *a description*

There is no objective method of determining whether a DSM diagnosis is *correct!*

ALWAYS: Best *professional judgment*

Most Medical Diagnoses

Cancer: Diagnosis based on presence of cancer cells *(description)*

Presence of cancer cells *explains* physical health characteristics of interest

There *is* an empirical method of determining if a cancer diagnosis is *correct*

Description: Classification of Symptoms (DSM) of mental disorders

Etiology: Causes

Treatment: Therapy

Assumed *cause* determines proposed *treatment*

Etiology: What is the cause?

What is the *cause* of the condition?

EvoPsy: Biological predispositions/ brain chemistry

CBT: Learned thought/behavior patterns

Freud: Unconscious conflict and "defense mechanisms"

1. Neurodevelopmental
2. Schizophrenia Spectrum & Other Psychotic
3. Bipolar & Related
4. Depressive
5. Anxiety
6. Obsessive-Compulsive & Related
7. Trauma- and Stressor-Related
8. Dissociative
9. Somatic Symptom
10. Feeding & Eating

11. Elimination
12. Sleep-Wake
13. Sexual Dysfunctions
14. Gender Dysphoria
15. Disruptive, Impulse Control, and Conduct
16. Substance Use & Addictive
17. Neurocognitive
18. Personality
19. Paraphilic
20. Other

Schizophrenia

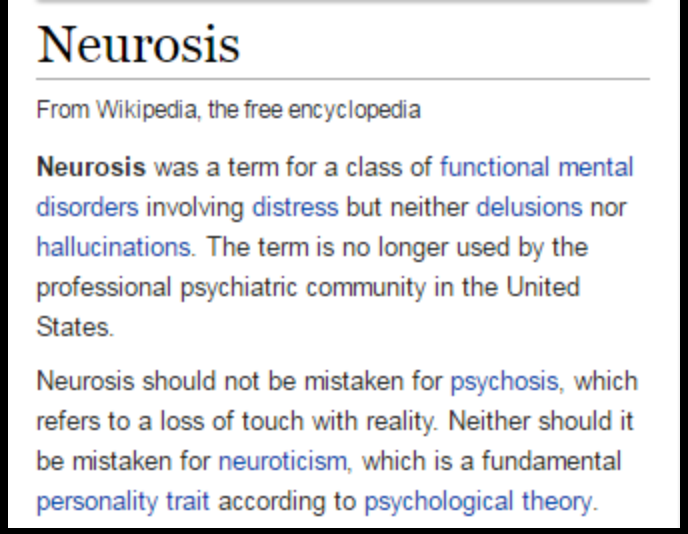
A ~~group~~ *spectrum* of severe (~~potentially~~) *psychotic* disorders characterized by…

Psychosis

From Wikipedia, the free encyclopedia

Psychosis refers to an abnormal condition of the mind described as involving a "loss of contact with reality". People with psychosis are described as *psychotic*. People experiencing psychosis may exhibit some personality changes and thought disorder. Depending on its severity, this may be accompanied by unusual or bizarre behavior, as well as difficulty with social interaction and impairment in carrying out daily life activities.

"*Psychosis* refers to an abnormal condition of the mind described as involving a *'loss of contact with reality'*….



Neurosis

From Wikipedia, the free encyclopedia

Neurosis was a term for a class of functional mental disorders involving distress but neither delusions nor hallucinations. The term is no longer used by the professional psychiatric community in the United States.

Neurosis should not be mistaken for psychosis, which refers to a loss of touch with reality. Neither should it be mistaken for neuroticism, which is a fundamental personality trait according to psychological theory.

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Schizophrenia

A *spectrum* of severe *psychotic* disorders characterized by…

…severely impaired *cognitive* processes, *personality* disintegration; and affective disturbances and social withdrawal

Delusions: Fixed (“weird”) thoughts believed to be *accurate*

DSM5 Wording: “Delusions are fixed beliefs that are not amenable to change in light of conflicting evidence…The distinction between a delusion and a strongly held idea is sometimes difficult to make and depends in part on the degree of conviction with which the belief is held despite clear or reasonable contradictory evidence regarding its veracity.” (p.87)

Delusions: "Weird" thoughts believed to be *accurate*

Hallucinations: Perceptions without *sensory input* (hearing, seeing, smelling, tasting, touching)

Disorganized Speech/Behavior

“This is not a photo op…you’ve got guys with long lenses and parabolic mics for that…” (*Hallucinations*)

“The FBI, all this close surveillance…When it happens 120, 150 times…. nobody but *someone maintaining close surveillance on you* could have discovered…” (*Delusions*)

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder

Diagnostic Criteria **300.3 (F42)**

A. Presence of obsessions, compulsions, or both:

Obsessions: Consistent, repeating, irrational* *thoughts* (…urges or images…)

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions: Consistent, repeating, irrational *behaviors*; often a result of obsessions

Compulsions are defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

Personality Disorders

Inflexible, long-standing, and maladaptive *personality traits*

Results in: Rigidity in dealing with *life problems*; defective perceptions of self and others

Cluster A: Small scale psychotic

Cluster B: Dramatic: “emotional & erratic” behavior patterns

Cluster C: Small scale neurotic

Narcissistic Personality Disorder

Diagnostic Criteria — 301.81 (F60.81)

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Shows arrogant, haughty behaviors or attitudes.

Histrionic Personality Disorder

Diagnostic Criteria — 301.50 (F60.4)

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Is uncomfortable in situations in which he or she is not the center of attention.
2. Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior.
3. Displays rapidly shifting and shallow expression of emotions.
4. Consistently uses physical appearance to draw attention to self.
5. Has a style of speech that is excessively impressionistic and lacking in detail.
6. Shows self-dramatization, theatricality, and exaggerated expression of emotion.
7. Is suggestible (i.e., easily influenced by others or circumstances).
8. Considers relationships to be more intimate than they actually are.

Disregard for and violation of *the rights of others*

Lack of *remorse*

Antisocial Personality Disorder

Diagnostic Criteria **301.7 (F60.2)**

A. A pervasive pattern of disregard for and violation of the rights of others, occurring since age 15 years, as indicated by three (or more) of the following:

1. Failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest.
2. Deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure.
3. Impulsivity or failure to plan ahead.
4. Irritability and aggressiveness, as indicated by repeated physical fights or assaults.
5. Reckless disregard for safety of self or others.
6. Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations.
7. Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

B. The individual is at least age 18 years.

C. There is evidence of conduct disorder with onset before age 15 years.

D. The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or bipolar disorder.

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